

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013660

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 548 Registrar's No. 1080

1. PLACE OF DEATH

a. COUNTY ST. LOUISb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WEBSTER GROVES

Length of stay in 1b

20 YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 440 FAIRVIEW

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY ST. LOUISc. CITY OR TOWN WEBSTER GROVES

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
440 FAIRVIEW

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

PAULWILLIAMSAXBY

4. DATE OF DEATH

Month

Day

Year

431962

5. SEX

MALE6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-19-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DEPUTY CONSTABLE

10b. KIND OF BUSINESS OR INDUSTRY

CONSTABLE OFFICE

11. BIRTHPLACE (City and state or country)

MONTGOMERY CO. ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHARLES A. SAXBY

13b. MOTHER'S MAIDEN NAME

LURA CUMMINGS

14. NAME OF HUSBAND OR WIFE

IRENE SAXBY15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)YES WW-1

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs Irene Saxby - 440 Fairview Webster Groves

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Long history of diverticulitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-6-62 to 4-3-62 and last saw her/him alive on April 31, 1962
Death occurred at about 6:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. J. Volkmann

22b. ADDRESS

8187 Big Bendy, Patton Grove

22c. DATE SIGNED

7-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APRIL 5, 1962

23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS

23d. LOCATION (City, town, or county)

ST. LOUIS Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

MITTELBERG-GERBER-WEBSTER GROVE

25. DATE RECD. BY LOCAL REG.

4-4-62

26. REGISTRAR'S SIGNATURE

John E. Mayhew

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ.

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59140072400734 05 167 18 29420110111296-013

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. C. McPherson

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.